



BIR Form No.

2316

September 2021(ENCS)

Certificate of Compensation
Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 9/21ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY) 2 0 2 3

2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 1 2 31

Part I - Employee Information

Part IV-B Details of Compensation Income & Tax Withheld from Present Employer

3 TIN 2 5 2 - 7 4 2 - 4 5 2 -

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

Amount

4 Employee's Name (Last Name, First Name, Middle Name) OPLIMO,MIA FAY ORILLA

29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 0.00

5 RDO Code 1 2 6

30 Holiday Pay (MWE) 0.00

6 Registered Address

31 Overtime Pay (MWE) 0.00

6A ZIP Code

32 Night Shift Differential (MWE) 0.00

6B Local Home Address

33 Hazard Pay (MWE) 0.00

6C ZIP Code

34 13th Month Pay and Other Benefits (maximum of P90,000) 48,715.97

6D Foreign Address

35 De Minimis Benefits 22,834.41

7 Date of Birth (MM/DD/YYYY) 0 9 0 8 1 9 8 4

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 21,463.48

8 Contact Number

37 Salaries and Other Forms of Compensation 16,889.37

9 Statutory Minimum Wage rate per day 0

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 109,903.23

10 Statutory Minimum Wage rate per month 0

B. TAXABLE COMPENSATION INCOME REGULAR

11 ☐ Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

39 Basic Salary 263,303.58

12 TIN 0 0 8 - 0 5 6 - 7 8 3 -

40 Representation 0.00

13 Employer's Name OPTUM GLOBAL SOLUTIONS (PHILIPPINES), INC.

41 Transportation 0.00

14 Registered Address 1/F-4/F Science Hub Tower 3, Blk 38 Campus Ave. cor. Turin St.,McKinley Hill, Fort Bonifacio, Taguig City Metro Manila 1634

42 Cost of Living Allowance (COLA) 0.00

14A ZIP Code

43 Fixed Housing Allowance 0.00

15 Type of Employer ☐ Main Employer ☐ Secondary Employer

44 Others (specify)

16 TIN

44A 0.00 0.00

17 Employer's Name

44B 0.00 0.00

18 Registered Address

SUPPLEMENTARY

18A ZIP Code

45 Commission 0.00

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 373,206.81

46 Profit Sharing 0.00

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 109,903.23

47 Fees Including Director's Fees 0.00

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 263,303.58

48 Taxable 13th Month Benefits 0.00

22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00

49 Hazard Pay 0.00

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 263,303.58

50 Overtime Pay 0.00

24 Tax Due 1,995.54

51 Others (specify)

25 Amount of Taxes Withheld 1,995.52

51A 0.00 0.00

25A Present Employer

51B 0.00 0.00

25B Previous Employer, if applicable 0.00

52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 263,303.58

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 1,995.52

27 5% Tax Credit (PERA Act of 2008) 0.00

28 Total Taxes Withheld (Sum of Items 26 and 27) 1,995.52

I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

53 CABAGNOT, MICHELLE KIBLATAIN
Present Employer/Authorized Agent Signature over Printed Name

Date Signed

CONFORME:

54 OPLIMO,MIA FAY ORILLA
Employee Signature over Printed Name

Date Signed

Amount paid, if CTC

CTC/Valid ID No. of Employee

Place of Issue

Date Issued

To be accomplished under substituted filing

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.

55 CABAGNOT, MICHELLE KIBLATAIN
Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

56 OPLIMO,MIA FAY ORILLA
Employee Signature over Printed Name